

State of Connecticut  
 Department of Emergency Services and Public Protection  
 Division of State Police  
 Special Licensing & Firearms Unit  
**BAIL ENFORCEMENT AGENT LICENSE APPLICATION**

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| <p style="text-align: center;"><b>INSTRUCTIONS TO APPLICANTS</b></p> <ol style="list-style-type: none"> <li>1. Complete by printing or typing in all entries, using black ink only.</li> <li>2. If a "Yes" is checked use plain 8 1/2 x 11 paper for additional space.</li> <li>3. Include a \$ 200.00 certified check or money order for BEA license, made payable to <b>Treasurer, State of Connecticut</b>.</li> <li>4. Include 2 X 2 full face color passport type photo with blue background</li> </ol> | <p>For Office use only:</p> <p><b>Date of Application:</b>     ___/___/___</p> <p><b>License #:</b> _____</p> <p><b>Badge</b>                   <input type="checkbox"/> <b>Yes</b>                   <input type="checkbox"/> <b>No</b></p> |
|--|--|

**Name of Applicant:**

|                  |                   |           |
|------------------|-------------------|-----------|
| <i>Last Name</i> | <i>First Name</i> | <i>MI</i> |
|------------------|-------------------|-----------|

**List all other names by which you have been known** ( Maiden Name, Aliases, Nicknames, etc.):

**Residential Address** (*Do not use a P.O. Box Number*):

|               |               |                  |              |                 |
|---------------|---------------|------------------|--------------|-----------------|
| <i>Number</i> | <i>Street</i> | <i>City/Town</i> | <i>State</i> | <i>ZIP Code</i> |
|---------------|---------------|------------------|--------------|-----------------|

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>BEA Business Name</b> (If any) | <b>Business Phone #</b> |
|-----------------------------------|-------------------------|

**Business Address Mandatory** (*for public information use, P.O. Box number acceptable*)

|               |               |                  |              |                 |
|---------------|---------------|------------------|--------------|-----------------|
| <i>Number</i> | <i>Street</i> | <i>City/Town</i> | <i>State</i> | <i>ZIP Code</i> |
|---------------|---------------|------------------|--------------|-----------------|

|                      |             |            |               |               |                   |                   |                       |
|----------------------|-------------|------------|---------------|---------------|-------------------|-------------------|-----------------------|
| <b>Date of Birth</b> | <b>Race</b> | <b>Sex</b> | <b>Height</b> | <b>Weight</b> | <b>Hair Color</b> | <b>Eyes Color</b> | <b>Home Telephone</b> |
|----------------------|-------------|------------|---------------|---------------|-------------------|-------------------|-----------------------|

|  |                               |  |
|--|-------------------------------|--|
| <b>Place of Birth</b> ( <i>City/Town/Country</i> ) | <b>Social Security Number</b> | <b>Operator License Number/Issuing State</b> |
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**CITIZENSHIP**

**Are you a citizen of the United States?**  YES  NO  
 (If Naturalized, state when and where):

**MEDICAL HISTORY**

**Have you ever been committed to or confined in a Hospital for a Mental Illness?**  YES  NO  
 (If Yes, explain):

**Have you ever received care or treatment for any mental, psychiatric, psychological illness or disorder?**  YES  NO  
 (If Yes, explain):

**Have you been discharged from custody, within the past twenty (20) years, after having been found not guilty of a crime by reason of mental disease or defect ?** (If Yes, explain):  YES  NO

**EMPLOYMENT HISTORY**

**Provide the following information about your present employer:** (*If you are not employed, provide information of your most recent employer*)

|                     |  |                        |                      |
|---------------------|--|------------------------|----------------------|
| <i>Company Name</i> | <i>Address (Street, City, State, ZIP Code)</i> | <i>Supervisor Name</i> | <i>Telephone No.</i> |
|---------------------|--|------------------------|----------------------|

**Are you retired or separated from a Local or State Police Department?**  YES  NO  
 (If Yes, a letter of discharge from the employer describing the length of service, duties and date of retirement or separation must be attached)

**Are you currently applying or interviewing for a Federal, State or Local Police Department.** (*If yes, whom and where*)  YES  NO

**Are you presently vested with Police Powers?**  YES  NO

**MILITARY SERVICE**

**Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge?**  
 (If Yes, explain. If you performed military service attach a copy of your Form DD-214)  YES  NO

**CRIMINAL ACTIVITY HISTORY**

**Have you ever been convicted in any court of any crime?**  YES  NO  
*(If Yes, list all convictions, including all charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required):*

**Have you ever been arrested for any incident that involved violence, moral turpitude, or for use, Sale, or Possession of Illegal Drugs or Narcotics, or Driving While Under the Influence of Alcohol and/or Drugs?**  YES  NO  
*(If Yes, list all convictions, charges, locations, dates of arrests and dispositions using additional sheets of paper if additional space is required)*

**Are you currently on Probation, Parole, a Work Release Program, In an Alcohol and/or Drug Rehabilitation Program or Currently Released on Personal Recognizance (WPTA) or Bond for a Pending Court Case?**  YES  NO  
*(If Yes, explain):*

**Are you now the subject of a Restraining Order, or Protective Order issued by a court, in a case involving the use attempted use or Threatened use of Physical Force Against Another Person?**  YES  NO  
*(If Yes, explain)*

**MOTOR VEHICLE HISTORY**

**Have you ever been arrested or issued an infraction complaint or summons for a motor vehicle charge?**  YES  NO  
*(If Yes, explain list all arrest):*

**EDUCATION**

**List the highest-level Certificate, Diploma or Degree Received. i.e., High School, G.E.D., B. A., etc.**  
*(Attach a copy of transcripts, diplomas, or certificates claimed)*

**Within the past five years you shall have successfully completed a Criminal Justice Program Courses consisting of not less than 20 semester hours of studies related to the use of force, arrest, search and seizure and constitutional law?**  YES  NO  
*(If Yes, attach supporting documentation)*

**List any other training appropriate for this application** *(Attach separate sheet of paper as necessary)*

**LICENSE AND PERMIT INFORMATION**

**Do you have a Bondsman, Private Detective, or Security license?** If Yes, # \_\_\_\_\_  YES  NO

**Do you have a Conn. State Pistol Permit?** If Yes, # \_\_\_\_\_  YES  NO

**Do you have a Conn. Security Guard Firearms Permit "Blue Card"?** If Yes, # \_\_\_\_\_  YES  NO

**Do you intend to apply for a Bail Enforcement Agent Firearms Permit?** If yes, # \_\_\_\_\_  YES  NO

**Have you ever had any of your licenses or permits denied, suspended or revoked?**  YES  NO  
*(If Yes, explain details on an attached sheet of paper)*

***If you intend to wear, carry or display any badge. (Approval by the commissioner is required.)***

**UNDERSTAND, UNDER THE PENALTIES OF GIVING A FALSE STATEMENT TO A POLICE OFFICER, THAT THE ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT FALSE STATEMENTS CONTAINED IN THIS APPLICATION ARE GROUNDS FOR THIS APPLICATION NOT TO BE APPROVED AND FOR THE PERMIT APPLIED FOR NOT TO BE ISSUED. MY SIGNATURE BELOW ATTESTS TO THE ACCURACY OF ALL MY ANSWERS AND TO THE TRUTH OF ALL OF THE INFORMATION INCLUDED IN THIS APPLICATION.**

**Signature of Applicant:** \_\_\_\_\_ **Date signed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**The signer of the foregoing application personally appeared before me and made oath to the truth of the matters contained herein;**

**This** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public, Justice of the Peace, Commissioner of Superior Court**

**BAIL ENFORCEMENT AGENT'S LICENSE  
INFORMATIONAL PACKAGE**

Complete the following prior to submitting the application:

Name: \_\_\_\_\_ D.O. B: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List Addresses up to 3 years ago:

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**Family information:**

Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

## FAMILY STATUS

**Personal Status:** (circle one):    Single            Married            Separated            Divorced            Annulled

Name of Spouse: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Location (town): \_\_\_\_\_

**Children (if applicable):**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's name: \_\_\_\_\_

**OTHER:**

Other Persons living in the household:

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

## EMPLOYMENT HISTORY:

### Present Employer

Name of present employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Date of resignation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Wage or Salary (\$): \_\_\_\_\_

Supervisor or contact person: \_\_\_\_\_

### Past Employer (LAST 5 YEARS)

1. Name of past employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Date of resignation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Wage or Salary (\$): \_\_\_\_\_

Supervisor or contact person: \_\_\_\_\_

2. Name of past employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Date of Resignation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Wage or Salary (\$): \_\_\_\_\_

Supervisor or contact person: \_\_\_\_\_

3. Name of past employer: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Date of resignation: \_\_\_\_\_

Job Title: \_\_\_\_\_ Wage or Salary (\$): \_\_\_\_\_

Supervisor or contact person: \_\_\_\_\_

**MILITARY SERVICE:**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Date of service: From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

**EDUCATION:**

Name of High School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Graduated: Yes or No (if no) Years attended: \_\_\_\_\_ G.E.D.: \_\_\_\_\_

Name of College: \_\_\_\_\_

Address of College: \_\_\_\_\_

Graduated: Yes or No (if no) Years attended: \_\_\_\_\_ Major Field: \_\_\_\_\_

**OTHER EDUCATION** (Specialized training, BEA School, etc.)

Name of Training: \_\_\_\_\_

Location of Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_